

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

GREEN PARTY OF NEW YORK STATE

ADDRESS (number and street)

7988 Van Amburg Road

☐Check if different
than previously
reported. (ACC)

Hammondsport

NY

14840

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00318907

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

04

2008

in the
State of

5. Covering Period

10

01

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Rachel Treichler

Signature of Treasurer

Electronically Filed by Rachel Treichler

Date

06

29

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XA**
Transaction ID :

Cash adjustment on Line 17 reflects actual cash on hand on 11/24/08 of \$703.46. We have discovered inaccuracies in our reports in 2005-2006 and we are in the process of amending our past reports from 2005 forward.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
GREEN PARTY OF NEW YORK STATE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		4590.06
(b) Cash on Hand at Beginning of Reporting Period	1293.86	
(c) Total Receipts (from Line 19)	4100.68	20167.44
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5394.54	24757.50
7. Total Disbursements (from Line 31)	4799.71	24162.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	594.83	594.83
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	6739.53	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

GREEN PARTY OF NEW YORK STATE

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	352.77	8264.06
(ii) Unitemized	1304.10	5849.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1656.87	14113.16
(b) Political Party Committees	0.00	2278.40
(c) Other Political Committees (such as PACs)	0.00	701.41
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1656.87	17092.97
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	157.55
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2443.81	2916.92
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4100.68	20167.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4100.68	20167.44

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	465.29	19374.79	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	465.29	19374.79	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	4334.42	4334.42	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	453.46	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4799.71	24162.67	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4799.71	24162.67	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1656.87	17092.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1656.87	17092.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	465.29	19374.79
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	157.55
38. Net Operating Expenditures (subtract Line 37 from Line 36)	465.29	19217.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
GREEN PARTY OF NEW YORK STATE

A.

Full Name (Last, First, Middle Initial)
DEYVA ARTHUR

Mailing Address **259 6TH AVE**

City State Zip Code
Troy NY 12182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Photographer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.06

Date of Receipt

11 / 15 / 2008

Transaction ID: SA11AI.4974

Amount of Each Receipt this Period

112.77

In-kind - Breakfast items

B.

Full Name (Last, First, Middle Initial)
Mr. Paul T Culley

Mailing Address **60 Pine Hill Drive**

City State Zip Code
Alfred NY 14802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.55

Date of Receipt

11 / 17 / 2008

Transaction ID: SA11AI.4977

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Mr. Craig Taylor

Mailing Address **10920 Tinkham Road**

City State Zip Code
Darien Center NY 14040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

10 / 16 / 2008

Transaction ID: SA11AI.4967

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

332.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GREEN PARTY OF NEW YORK STATE

A.

Full Name (Last, First, Middle Initial)

Mr. Craig Taylor

Mailing Address 10920 Tinkham Road

City

Darien Center

State

NY

Zip Code

14040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.4980

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

20.00

TOTAL This Period (last page this line number only)

352.77

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 14

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

GREEN PARTY OF NEW YORK STATE

A.

Full Name (Last, First, Middle Initial)

GREEN PARTY OF NEW YORK STATE

Mailing Address 7988 Van Amburg Road

City

Hammondsport

State

NY

Zip Code

14840

FEC ID number of contributing
federal political committee.

C

C00318907

Name of Employer

Occupation

Receipt For:

☐ ☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2736.92

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA17.5030

Amount of Each Receipt this Period

2443.81

Cash adjustment

SUBTOTAL of Receipts This Page (optional)

2443.81

TOTAL This Period (last page this line number only)

2443.81

A. Form/Schedule : **SA17**
Transaction ID : **SA17.5030**

Cash adjustment on Line 17 reflects actual cash balance of \$594.83 on 11/24/08. We have discovered inaccuracies in our 2005-2006 reports and are in the process of amending our past reports from 2005 forward to correct the errors.

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GREEN PARTY OF NEW YORK STATE

A.

Full Name (Last, First, Middle Initial)

DEYVA ARTHUR

Mailing Address 259 6TH AVE

City
Troy

State
NY

Zip Code
12182

Purpose of Disbursement
In-kind - Breakfast items

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4975

Date of Disbursement

/ /

Amount of Each Disbursement this Period

112.77

B.

Full Name (Last, First, Middle Initial)

Shalimar Restaurant

Mailing Address 35 Central Avenue

City
Albany

State
NY

Zip Code
12210

Purpose of Disbursement
Lunch expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5004

Date of Disbursement

/ /

Amount of Each Disbursement this Period

256.65

SUBTOTAL of Disbursements This Page (optional)

369.42

TOTAL This Period (last page this line number only)

369.42

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 / 14

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
GREEN PARTY OF NEW YORK STATE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mr James Maceda

Nature of Debt (Purpose):
Repayment of amounts taken

Mailing Address 814 D Larchmont Acres

City	State	ZIP Code
Larchmont	NY	10538

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD9.5012

Amount Incurred This Period

6739.53

Payment This Period

0.00

Outstanding Balance at Close of This Period

6739.53

1) SUBTOTALS This Period This Page (optional).....

6739.53

2) TOTALS This Period (last page this line number only).....

6739.53

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

6739.53

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREEN PARTY OF NEW YORK STATE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00318907</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Ms Gloria Mattera		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 437 2nd Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">200.00</div>	
City State Zip Code Brooklyn NY 11215		Transaction ID: SE.5008	
Purpose of Expenditure Reimbursement of VP travel expenses		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 002		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CYNTHIA MCKINNEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3420.92</div>			

Full Name (Last, First, Middle, Initial) of Payee Ms Gloria Mattera		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 437 2nd Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">913.50</div>	
City State Zip Code Brooklyn NY 11215		Transaction ID: SE.5009	
Purpose of Expenditure Reimbursement for VP travel		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 002		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CYNTHIA MCKINNEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4334.42</div>			

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1113.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rachel Treichler

Signature

Date

M M
0 6

D D
2 9

Y Y Y Y
2 0 0 9

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 14 / 14

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREEN PARTY OF NEW YORK STATE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;">C C00318907</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			Date	
Full Name (Last, First, Middle, Initial) of Payee Priority Press			<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 1</div> <div style="text-align: center;">/ D D 0 2</div> <div style="text-align: center;">/ Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address TEC Street 61 B			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3220.92</div>	
City State Zip Code Hicksville NY 11801			Transaction ID: SE.4999	
Purpose of Expenditure Mailing of support for GP pres candidate			Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 006			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CYNTHIA MCKINNEY			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">3220.92</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">3220.92</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">4334.42</div>
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>	
Rachel Treichler Signature	Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 0 6</div> <div style="text-align: center;">/ D D 2 9</div> <div style="text-align: center;">/ Y Y Y Y 2 0 0 9</div> </div>